



091304
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7590 08/05/2004

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09/14/2004 WASFAW2 00000019 500831 10045579

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Katie Hales	(Depositor's name)
Katie Hales	(Signature)
10-Sep-04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/045,579	11/07/2001	David Emil Nelson	DP-304144	8519

TITLE OF INVENTION: EDGE-CONNECTED NON-THERMAL PLASMA EXHAUST AFTER-TREATMENT DEVICE

09/14/2004 WASFAW2 00000013 500831 10045579

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Serial Ref: 00000020 DAH: 500831 10045579

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APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	ISSUE FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	11/05/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MCDONALD, RODNEY GLENN	1753	422-186040

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Paul L. Marshall

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE DELPHI TECHNOLOGIES, INC. (B) RESIDENCE: (CITY and STATE OR COUNTRY)

DELPHI TECHNOLOGIES, INC.

TROY, MICHIGAN

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Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 2

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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0831 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)

(Date)

Katie Hales 10-Sep-04

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